

AL FORM

COMMONWEALTH OF MASSACHUSETTS

ALLOTMENT REQUEST FORM	DEPARTMENT (& ORGANIZATION) NAME	ONLINE? <u> </u>	PAGE 1 OF 2
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<-----DOCUMENT ID----->							
TRANS AL	DEPT	R/ ORG	NUMBER	AL DATE	ACCTG PRD	BUDGET FY	BUDGET BUREAU CONTROL NUMBER
DEPT	ACCOUNT NUMBER	ACCOUNT NAME				NET ALLOTMENT AMOUNT	INC/DEC

SUB	ALLOTMENT AMOUNT	INC/DEC

SUB	ALLOTMENT AMOUNT	INC/DEC

PREPARED BY: _____ TITLE: _____ DATE: _____

THE DEPARTMENT HEAD HEREBY MAKES THE CERTIFICATIONS PRINTED ON PAGE 2 OF THIS FORM, AND
CERTIFIES COMPLIANCE WITH ALL PROVISIONS OF LAW AND REGULATION GOVERNING THIS TRANSACTION.

DEPARTMENT HEAD APPROVAL: _____ TITLE: _____ DATE: _____

ENTERED BY: _____ TITLE: _____ DATE: _____

SECRETARIAT APPROVAL: _____ TITLE: _____ DATE: _____

BUDGET APPROVAL: _____ DATE: _____

PLEASE REFER TO CHAPTER 4 OF THE MMARS PROCEDURES MANUAL FOR INSTRUCTIONS ON FORM COMPLETION AND PROCESSING.

THE COMMONWEALTH OF MASSACHUSETTS

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IN APPROVING THIS ALLOTMENT REQUEST BY SIGNING THE FRONT OF THIS FORM, THE DEPARTMENT HEAD IS CERTIFYING AS TO:

- * THE ACCURACY AND COMPLETENESS OF THE EXPLANATION PROVIDED FOR EACH REQUESTED ALLOTMENT ADJUSTMENT;
- * THE SUFFICIENCY OF THE APPROPRIATION TO MEET ALL OF THE EXPENDITURES REQUIRED IN THE CURRENT FISCAL YEAR, NOTWITHSTANDING THE IMMEDIATE NEED FOR ANY REQUEST INCREASES IN ALLOTMENTS ABOVE THE LEVELS PROVIDED BY THE GENERAL PERIODIC ALLOTMENT; AND
- * IF THE DEPARTMENT PERFORMS ITS OWN DATA ENTRY, THE EXISTENCE AND OPERATION WITHIN THE DEPARTMENT OF SUFFICIENTLY STRINGENT CONTROL PROCEDURES AS TO GUARANTEE THAT THE DATA ENTERED INTO MMARS UNDER THIS DOCUMENT ID AND THE DATA DISPLAYED ON THIS PRINTED FORM ARE COMPLETELY IDENTICAL IN ANY AND ALL RESPECTS AFFECTING THE SUBSTANCE AND EFFECT OF THIS TRANSACTION.

EXPLANATION: